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Request For Continued Examination (RCE) Transmittal (PTO/SB/30) (1 sheet)

Fee Transmittal Form (PTO/SB/17) (1 sheet)

Credit Card Payment Form (PTO-2038) (1 sheet)

|                           |                                  |           |                         |
|---------------------------|----------------------------------|-----------|-------------------------|
| Application Number        | 10/622,259                       | Art Unit: | 2182                    |
| Confirmation No.:         | 3269                             | Examiner: | Hassan, Aurangzeb       |
| Filing Date:              | 18 July 2003                     | Inventor: | Hausman, Steven Michael |
| Document Submission Date: | 24 January 2007                  |           |                         |
| Docket:                   | <b>2002P20760US01 (1009-029)</b> | Pages:    | <b>4</b>                |

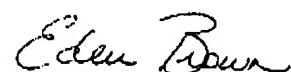
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24 Jan 2007

Date

Eden Brown

Name of Certifier



Signature of Certifier

PTO/SB/30 (04-05)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**Request  
for  
Continued Examination (RCE)  
Transmittal**

**Address to:**  
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**Commissioner for Patents**  
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**Alexandria, VA 22313-1450**

|                        |                           |
|------------------------|---------------------------|
| Application Number     | 10/622,259                |
| Filing Date            | 18 July 2003              |
| First Named Inventor   | Haesman, Steven Michael   |
| Art Unit               | 2182                      |
| Examiner Name          | Hassan, Aurangzeb         |
| Attorney Docket Number | 2002P20760U301 (1009-029) |

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**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.**

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

## 2. **Miscellaneous**

a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)  
 Other \_\_\_\_\_

8

**a.**  The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to my Deposit Account No.  I have enclosed a duplicate copy of this sheet.

i.  RCE fee required under 37 CFR 1.17(e)  
ii.  Extension of time fee (37 CFR 1.136 and 1.17)  
iii.  Other \_\_\_\_\_

b.  Check in the amount of \$ \_\_\_\_\_ enclosed

c.  Payment by credit card (Form PTO-2320 enclosed)

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|                   |                          |                  |            |
|-------------------|--------------------------|------------------|------------|
| Signature         | <i>Michael N. Haynes</i> | Date             | 01/24/2007 |
| Name (Print/Type) | Michael N. Haynes        | Registration No. | 40-014     |

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCB, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

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This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete. Including gathering, preparing, and submitting the completed application form is the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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|---|--|--------------------------|---------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                           |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>  |  | Application Number       | 10/622,259                |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Filing Date              | 18 July 2003              |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$)   |  | First Named Inventor     | Hausman, Steven Michael   |
| <b>780.00</b>   |  | Examiner Name            | Hassan, Aurangzeb         |
|   |  | Art Unit                 | 2182                      |
|   |  | Attorney Docket No.      | 2002P20760US01 (1009-029) |

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| <b>METHOD OF PAYMENT</b> (check all that apply)  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
|--|--------------|--|--------------------------------|---|---------------------------|--------------|----------------|------------------|---------------|--|-------------|---------------|---------------------------|-------|----------------|--------------------------------|--------------|----------|--------------|----------|--------------|---------|--|-----|-----|-----|-----|-----|---|--------|---|-----|-----|----|-----|----|--|-------|---------------|--------------|-----|----------|---------------|---------------------------|--|----------|---------------|-------------|-----|-------|-----|-----|--|--|-----|-----|---|---|---|---|--|
| <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Nonc <input type="checkbox"/> Other (please identify): _____  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-2504 Deposit Account Name: Michael N. Haynes  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <input type="checkbox"/> Charge fee(s) indicated below   |              |  |                                | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   |              |  |                                | <input checked="" type="checkbox"/> Credit any overpayments                       |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <b>FEE CALCULATION</b>   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <table border="1"> <thead> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid (\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> <th>Fee (\$)</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>0</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>   |              |  |                                |   |                           |              |                | Application Type | FILING FEES   |  | SEARCH FEES |               | EXAMINATION FEES          |       | Fees Paid (\$) | Fee (\$)                       | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Utility | 300  | 150 | 500 | 250 | 200 | 100 | 0 | Design | 200   | 100 | 100 | 50 | 130 | 65 |  | Plant | 200           | 100          | 300 | 150      | 160           | 80                        |  | Reissue  | 300           | 150         | 500 | 250   | 600 | 300 |  | Provisional  | 200 | 100 | 0 | 0 | 0 | 0 |  |
| Application Type   | FILING FEES  |  | SEARCH FEES                    |   | EXAMINATION FEES          |              | Fees Paid (\$) |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
|  | Fee (\$)     | Small Entity                                     | Fee (\$)                       | Small Entity  | Fee (\$)                  | Small Entity |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Utility  | 300          | 150  | 500                            | 250   | 200                       | 100          | 0              |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Design   | 200          | 100  | 100                            | 50  | 130                       | 65           |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Plant  | 200          | 100  | 300                            | 150   | 160                       | 80           |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Reissue  | 300          | 150  | 500                            | 250   | 600                       | 300          |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Provisional  | 200          | 100  | 0                              | 0   | 0                         | 0            |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <b>2. EXCESS CLAIM FEES</b>  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <b>Fee Description</b>   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Multiple dependent claims  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <table border="1"> <thead> <tr> <th rowspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>- 20 or HP =</th> <th>0</th> <th>x 50</th> <th>=</th> <th>0</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: center; padding: 5px;">           HP = highest number of total claims paid for, if greater than 20         </td> </tr> <tr> <td colspan="8" style="text-align: center; padding: 5px;"> <table border="1"> <thead> <tr> <th rowspan="2">Indep. Claims</th> <th colspan="2">Extra Claims</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>- 3 or HP =</th> <th>0</th> <th>x 200</th> <th>=</th> <th>0</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: center; padding: 5px;">           HP = highest number of independent claims paid for, if greater than 3.         </td> </tr> </tbody> </table> </td> </tr> </tbody> </table> |              |  |                                |   |                           |              |                | Total Claims     | Extra Claims  |  | Fee (\$)    | Fee Paid (\$) | Multiple Dependent Claims |       | Fee (\$)       | Fee Paid (\$)                  | - 20 or HP = | 0        | x 50         | =        | 0            |         | HP = highest number of total claims paid for, if greater than 20       |     |     |     |     |     |   |        | <table border="1"> <thead> <tr> <th rowspan="2">Indep. Claims</th> <th colspan="2">Extra Claims</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> <th colspan="2">Multiple Dependent Claims</th> <th rowspan="2">Fee (\$)</th> <th rowspan="2">Fee Paid (\$)</th> </tr> <tr> <th>- 3 or HP =</th> <th>0</th> <th>x 200</th> <th>=</th> <th>0</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="8" style="text-align: center; padding: 5px;">           HP = highest number of independent claims paid for, if greater than 3.         </td> </tr> </tbody> </table> |     |     |    |     |    |  |       | Indep. Claims | Extra Claims |     | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |  | Fee (\$) | Fee Paid (\$) | - 3 or HP = | 0   | x 200 | =   | 0   |  | HP = highest number of independent claims paid for, if greater than 3. |     |     |   |   |   |   |  |
| Total Claims   | Extra Claims |  | Fee (\$)                       | Fee Paid (\$)   | Multiple Dependent Claims |              | Fee (\$)       |                  | Fee Paid (\$) |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
|  | - 20 or HP = | 0  |                                |   | x 50                      | =            |                | 0                |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| HP = highest number of total claims paid for, if greater than 20   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
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| Indep. Claims  | Extra Claims |  | Fee (\$)                       | Fee Paid (\$)   | Multiple Dependent Claims |              | Fee (\$)       |                  | Fee Paid (\$) |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
|  | - 3 or HP =  | 0  |                                |   | x 200                     | =            |                | 0                |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| HP = highest number of independent claims paid for, if greater than 3.   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <b>3. APPLICATION SIZE FEE</b>   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <table border="1"> <thead> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>- 100 =</td> <td>/50 =</td> <td>0</td> <td>(round up to a whole number) X</td> <td>250 =</td> <td>0</td> </tr> </tbody> </table>  |              |  |                                |   |                           |              |                | Total Sheets     | Extra Sheets  | Number of each additional 50 or fraction thereof | Fee (\$)    | Fee Paid (\$) | - 100 =                   | /50 = | 0              | (round up to a whole number) X | 250 =        | 0        |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Total Sheets   | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$)   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| - 100 =  | /50 =        | 0  | (round up to a whole number) X | 250 =   | 0                         |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <b>4. OTHER FEE(S)</b>   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Non-English Specification: \$130 fee (no small entity discount)  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Other, Request for Continued Examination (RCE)   |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| <b>SUBMITTED BY</b>  |              |  |                                |   |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Signature <i>Michael N. Haynes</i>   |              | Registration No. 40,014<br>(Attorney/Agent)      |                                | Telephone 434-972-9988  |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |
| Name (Print/Type) Michael N. Haynes  |              |  |                                | Date 24 Jan 2007  |                           |              |                |                  |               |  |             |               |                           |       |                |                                |              |          |              |          |              |         |  |     |     |     |     |     |   |        |   |     |     |    |     |    |  |       |               |              |     |          |               |                           |  |          |               |             |     |       |     |     |  |  |     |     |   |   |   |   |  |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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